

DELINEATION OF CLINICAL PRIVILEGES - NURSE PRACTITIONER

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform 2 - Modification requested <i>(Justification attached)</i> 3 - Supervision requested 4 - Not requested due to lack of expertise 5 - Not requested due to lack of facility support	1 - Approved as fully competent 2 - Modification required <i>(Justification noted)</i> 3 - Supervision required 4 - Not approved, insufficient expertise 5 - Not approved, insufficient facility support

SECTION I - CLINICAL PRIVILEGES

CORE PRIVILEGES

Requested	Approved	
		a. Provide primary and preventive care to the following categories of beneficiaries:
		(1) Pediatric (Newborn to _____ years of age)
		(2) Adolescent (_____ to _____ years of age): _____ Female / _____ Male
		(3) Adult: _____ Female / _____ Male
		(4) Geriatric: _____ Female / _____ Male
		(5) Women's Health
		(a) Uncomplicated obstetrical care
		(b) Routine postpartum care
		(c) Routine gynecological care
		b. Assess health status
		(1) Obtain relevant health and medical history
		(2) Perform physical examination based on age and history
		(3) Perform or order preventive and diagnostic procedures based on age and risks
		(4) Identify health and medical risk factors
		c. Diagnose acute and chronic health conditions and diseases
		(1) Formulate a differential diagnosis based on history, physical examination, and diagnostic tests
		(2) Establish priorities to meet the health and medical needs of the individual, family or community
		d. Develop and implement a treatment plan
		(1) Order, conduct, and/or interpret diagnostic laboratory and electrocardiographic tests
		(2) Order radiographic and ultrasonic tests and procedures
		(3) Prescribe appropriate pharmacologic interventions (Note exceptions in the "Comments" section on page 2.)
		(4) Prescribe appropriate non-pharmacologic interventions
		(5) Provide relevant patient education or refer as appropriate
		(6) Refer and consult with other health professionals and community agencies
		e. Follow-up and evaluate patient status
		(1) Determine effectiveness of treatment plan and document patient care outcomes
		(2) Reassess and modify plan as necessary to achieve health and medical goals

SUPPLEMENTAL PRIVILEGES					
Requested	Approved				
		a. Place patients in and release from observation status			
		b. Admit and manage inpatient care for the following conditions <i>(specify)</i> :			
PROCEDURES					
Requested	Approved				
		a. Colposcopy			n. Skin biopsy
		b. Cryosurgery for dermatological growths			o. Suturing of minor lacerations
		c. Cyst removal			p. Waived testing of specimens (e.g., wet smear, microscopic exam, hemocult, fingerstick blood glucose) IAW organizational guidelines
		d. Digital anesthesia			
		e. Fitting of diaphragm for contraception			
		f. Flexible sigmoidoscopy			q. Wound care and debridement
		g. Incision and drainage of abscess or cyst			r. Joint injections
		h. Insertion and removal of IUD			s. Clinical pelvimetry
		i. Insertion and removal of Norplant device			t. Endometrial biopsy
		j. Local anesthesia			
		k. Nail removal			
		l. Pelvic exam			
		m. Pap smear			
COMMENTS					
		SIGNATURE OF PROVIDER			DATE (YYYYMMDD)
SECTION II - SUPERVISOR'S RECOMMENDATION					
Approval as requested <input type="checkbox"/> Approval with Modifications <i>(Specify below)</i> <input type="checkbox"/> Disapproval <i>(Specify below)</i> <input type="checkbox"/>					
COMMENTS					
DEPARTMENT/SERVICE CHIEF <i>(Typed name and title)</i>		SIGNATURE			DATE (YYYYMMDD)
SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION					
Approval as requested <input type="checkbox"/> Approval with Modifications <i>(Specify below)</i> <input type="checkbox"/> Disapproval <i>(Specify below)</i> <input type="checkbox"/>					
COMMENTS					
CREDENTIALS COMMITTEE CHAIRPERSON <i>(Name and rank)</i>		SIGNATURE			DATE (YYYYMMDD)

EVALUATION OF CLINICAL PRIVILEGES - NURSE PRACTITIONER

(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	CORE PRIVILEGES	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. Provide primary and preventive care to the following categories of beneficiaries:			
	(1) Pediatric			
	(2) Adolescent			
	(3) Adult			
	(4) Geriatric			
	(5) Women's Health (Uncomplicated obstetrical, postpartum, gynecological care)			
	(a) Uncomplicated obstetrical care			
	(b) Routine postpartum care			
	(c) Routine gynecological care			
	b. Assess health status			
	(1) Obtain relevant health and medical history			
	(2) Perform physical examination based on age and history			
	(3) Perform or order preventive and diagnostic procedures based on age and risks			
	(4) Identify health and medical risk factors			
	c. Diagnose acute and chronic health conditions and diseases			
	(1) Formulate a differential diagnosis based on history, physical examination, and diagnostic tests			
	(2) Establish priorities to meet the health and medical needs of the individual, family or community			
	d. Develop and implement a treatment plan			
	(1) Order, conduct, and/or interpret diagnostic laboratory and electrocardiographic tests			
	(2) Order radiographic and ultrasonic tests and procedures			
	(3) Prescribe appropriate pharmacologic interventions (Note exceptions in the "Comments" section on page 2.)			
	(4) Prescribe appropriate non-pharmacologic interventions			
	(5) Provide relevant patient education or refer as appropriate			
	(6) Refer and consult with other health professionals and community agencies			
	e. Follow-up and evaluate patient status			
	(1) Determine effectiveness of treatment plan and document patient care outcomes			
	(2) Reassess and modify plan as necessary to achieve health and medical goals			

CODE	SUPPLEMENTAL PRIVILEGES	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. Place patients in and release from observation status			
	b. Admit and manage inpatient care for the following conditions <i>(specify):</i>			
	PROCEDURES			
	a. Colposcopy			
	b. Cryosurgery for dermatological growths			
	c. Cyst removal			
	d. Digital anesthesia			
	e. Fitting of diaphragm for contraception			
	f. Flexible sigmoidoscopy			
	g. Incision and drainage of abscess or cyst			
	h. Insertion and removal of IUD			
	i. Insertion and removal of Norplant device			
	j. Local anesthesia			
	k. Nail removal			
	l. Pelvic exam			
	m. Pap smear			
	n. Skin biopsy			
	o. Suturing of minor lacerations			
	p. Waived testing of specimens (e.g., wet smear, microscopic exam, hemocult, fingerstick blood glucose) IAW organizational guidelines			
	q. Wound care and debridement			
	r. Joint injections			
	s. Clinical pelvimetry			
	t. Endometrial biopsy			
SECTION II - COMMENTS <i>(Explain any rating that is "Unacceptable".)</i>				
NAME AND TITLE OF EVALUATOR		SIGNATURE		DATE (YYYYMMDD)